Subject: Studies in the News: (February 15, 2008)

Studies in the News for

California Department of Mental Health

Introduction to Studies in the News

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The following are the Subject Headings included in this issue:

CHILDREN AND ADOLESCENT MENTAL HEALTH

2008 Fact Sheet on Health Care Access and Utilization: Adolescents and Young Adults. By the University of California, San Francisco. National Adolescent Health Information Center. (The Center, San Francisco, California) January 2008. 6 p.

["Health insurance coverage declines between adolescence and young adulthood. The proportion of adolescents with private health insurance is declining. Only one half of Hispanic young adults are covered by health insurance. Almost three quarters of adolescents had a preventive care visit in the past year. Almost half of adolescents and young adults visited the emergency room in the past year. About one in five youth with special health care needs goes without needed health care services."]

Full text at: http://nahic.ucsf.edu//downloads/HCAU2008.pdf

Early Childhood Health Problems and Prevention Strategies: Costs and Benefits. By the Partnership for America's Economic Success. Issue Brief No. 3. (The Partnership, Washington, DC) 2008. 6 p.

["According to the authors, our society has failed to take an investment approach to the health of young children, despite the logic of doing so and despite the evidence available that these investments are beneficial. Exposure to tobacco smoke, unintentional injury, mental health problems, and obesity represent serious threats to young children's health.

Additionally, all of them—if not prevented or addressed early in children's lives—can have lifelong consequences.

Based on an extensive review of studies on these four health issues, this report lays out the costs to society of *not* treating these conditions and assesses the economic benefit to society of doing so. While the precise net benefits of treatments are often uncertain, many are clearly cost-effective."]

Full text at:
http://www.partnershipforsuccess.org/uploads/200801_HopkinsBriefFINAL.pdf

Focal Point: Research, Policy, & Practice in Children's Mental Health. By the Research and Training Center on Family Support and Children's Mental Health. Workforce [Issue Theme] vol. 22, no. 1 (The Center, Portland, Oregon) Winter 2008. 32 p.

["This issue of Focal Point highlights a series of jobs and roles that have evolved to fit within transformed children's mental healthcare systems as envisioned in the report from the New Freedom Commission. Some of these roles have clearly been created or significantly adapted to support the requirements of working with EBPs Evidence Based Practices). This issue focuses in detail on roles within two popular and well regarded EBPs. One set of articles describes several roles that are part of an agency's implementation of Incredible Years (IY), a series of programs to reduce conduct problems and promote social, academic and emotional competence in young children. A clinician, supervisor and evaluator describe their roles within IY and the training and supervision that ensures that they practice this EBP with fidelity. Another set of articles focuses on similar issues within Multisystemic Therapy (MST), an EBP designed to treat youth who have mental health needs and are involved in the juvenile justice system."]

Full text at: http://www.rtc.pdx.edu/PDF/fpW08.pdf

Healthy Steps for Young Children Program in Pediatric Residency Training: Impact on Primary Care Outcomes. By Leo G. Niederman and others, University of Illinois, Chicago. IN: Pediatrics, vol. 120, no. 3 (September 2007) pp. 596-603.

["Incorporating Healthy Steps for Young Children into pediatric practice has been shown to have positive effects for children and families. Although this model of care has also been integrated into several pediatric and family medicine training programs, published reports to date have focused only on residents' perceptions of their interactions with the model of care. In this study, we report the impact on primary care outcomes after integrating Healthy Steps for Young Children into residency training.

Continuity of care, longitudinal care in the practice, quality of primary care services, and rates of behavioral, developmental, and psychosocial diagnoses were measured for 3 cohorts: (1) Healthy Steps–enrolled children, (2) non–Healthy Steps–enrolled children who were followed at the same site of care, and (3) non–Healthy Steps–enrolled children

who were receiving primary care at a similar residency training site within the same training program. All data were extracted from patient charts at the 2 practice sites.

Continuity of care was significantly better for Healthy Steps–enrolled children compared with non–Healthy Steps–enrolled children at the Healthy Steps site for both total visits and health maintenance visits. Longitudinal care and quality of primary care services did not differ within or between sites. The rates of documentation of behavioral, developmental, or psychosocial diagnoses did not differ between Healthy Steps–enrolled and non–Healthy Steps–enrolled children at the Healthy Steps for Young Children site but were significantly different between the Healthy Steps and the non–Healthy Steps for Young Children sites; the effect was driven wholly by differences in psychosocial diagnoses.

Multiple indices that measure health service outcomes suggest benefits of incorporating Healthy Steps for Young Children into pediatric residency training. Most important, continuity of care in residents' practices significantly improved, as did the residents' documentation of psychosocial issues in children."]

Full text at: http://pediatrics.aappublications.org/cgi/reprint/120/3/e596

Investments to Promote Children's Health: A Systematic Literature Review and Economic Analysis of Interventions in the Preschool Period. By Bernard Guyer, and others, Johns Hopkins Bloomberg School of Public Health. (Partnership for America's Economic Success, Washington, DC) January 22, 2008. 136 p.

["In this study, we argue that poor health of children is not merely a product of individual choices, but rather, it is shaped by a broad set of environmental, genetic, and socioeconomic determinants that affect children both directly and through the conditions that confront their families. Furthermore, poor child health outcomes can disadvantage everyone in the society, as both workforce productivity and community stability are greatly affected by the way that health gets built into the early brain architecture of the developing child. The present study examines both the short- and long-term economic and health impact of health promotion and disease preventive interventions on four selected health problems of particular concern to young children (prenatal to age five) – exposure to tobacco use, obesity, unintentional injury, and mental health problems. The results show compelling evidence of the long-term health impact and societal economic burdens of these four problems when manifested in the preschool years. While the evidence on the effectiveness of preventive interventions is uneven, it does show that, from society's perspective, the benefits outweigh the costs of such interventions. We conclude this review by making the case that adopting an ―investment approach to children's health policy offers new opportunities to enhance the health and economic well-being of the entire U.S. population."]

Full text at:
http://www.partnershipforsuccess.org/uploads/200801_HopkinsPaperFINAL.pdf

Mental Health in Schools and School Improvement: Current Status, Concerns and New Directions. By the Center for Mental Health in Schools at UCLA. (The Center, Los Angeles, California) 2008. 344 p.

["Over the years, the Center for Mental Health in Schools at UCLA (the Center), pursued the advancement of mental health in schools by focusing on fully integrating the work into school improvement policy and planning. One facet of that work has been to facilitate discussion of issues, write and share policy and practice analyses and recommendations, and develop prototypes for new directions.

The following is a book-length compilation that pulls together that work as presented in various Center documents. Some of these were developed directly to support policy, practice, training, and research related to mental health in schools; others were designed to advance the *National Initiative: New Directions for Student Support* (see http://smhp.psych.ucla.edu/summit2002/ndannouncement.htm).

This book is offered online to provide a no cost resource for those seeking a current and future-oriented perspective on this emerging field and as an aid for those teaching about the topic. To facilitate its use, specific parts or the entire document can be downloaded. Because of the urgency for moving forward in creating a school environment that promotes mental health and reduces problems, the aim is to stimulate greater interchange about the agenda for moving forward."]

Full text at: http://smhp.psych.ucla.edu/mhbook/mhbook.pdf

Public Attitudes towards Children with Mental Health Conditions. By Research and Training Center for Family Support and Children's Mental Health. Data Trends No. 54. (The Center, Portland, Oregon) February 2008. 2 p.

["This brief looks at two studies that examine the cultural context and public attitudes regarding children with mental health conditions and available treatments.
Both studies analyzed data from the National Stigma Study – Children (NSSC), a subcomponent of the General Social Survey (GSS), which monitors American opinions. The GSS is a 90minute face-to-face interview survey administered to a nationally representative sample of adults; the NSSC is a 15minute portion of the 2002 GSS. A total of 1,393 responses were available for analysis (70% response rate) ; 78% of respondents were white, 15% were African American, and 7% reported belonging to another racial or ethnic category (such as Asian American). Average age of respondents was 46 and average education level was slightly beyond high school (13.4 years)."]

Full text at: http://www.rtc.pdx.edu/PDF/dt154.pdf

CRIMINAL JUSTICE

Improving Responses to People with Mental Illness: Essential Elements of a Mental Health Court. By Michael Thompson and others, Council of State Governments Justice Center. (The Center, Bethesda, Maryland) 2008. 24 p.

["Mental health courts are a recent and rapidly expanding phenomenon. In the late 1990s only a few such courts were accepting cases. Since then, more than 150 others have been established, and dozens more are being planned. Although early commentary on these courts emphasized their differences— and their diversity is undeniable— the similarities across mental health courts are becoming increasingly apparent….As the commonalities among mental health courts begin to emerge, practitioners, policymakers, researchers, and others have become interested in developing consensus not only on what a mental health court *is,* but on what a mental health court should be. The purpose of this document is to articulate such consensus."]

Full text at: http://consensusproject.org/mhcp/essential.elements.pdf

DISPARITIES

"Racial and Ethnic Disparities in Medical and Dental Health, Access to Care, and Use of Services in US Children." By Glen Flores, University of Texas, and Sandra C. Tomany-Korman, Children's Medical Center. IN: Pediatrics, vol. 121, no. 2 (February 2008) pp. 286-298.

["Not enough is known about the national prevalence of racial/ethnic disparities in children's medical and dental care. The purpose of this work was to examine racial/ethnic disparities in medical and oral health, access to care, and use of services in a national sample….

Many disparities persisted for ≥1 minority group in multivariate analyses, including increased odds of suboptimal health status, overweight, asthma, activity limitations, behavioral and speech problems, emotional difficulties, uninsurance, suboptimal dental health, no usual source of care, unmet medical and dental needs, transportation barriers to care, problems getting specialty care, no medical or dental visit in the past year, emergency department visits, not receiving mental health care, and not receiving prescription medications.

Certain disparities were particularly marked for specific racial/ethnic groups: for Latinos, suboptimal health status and teeth condition, uninsurance, and problems getting specialty care; for African Americans, asthma, behavior problems, skin allergies, speech problems, and unmet prescription needs; for Native Americans, hearing or vision problems, no usual source of care, emergency department visits, and unmet medical and dental needs; and for Asians or Pacific Islanders, problems getting specialty care and not seeing a doctor in the past year. Multiracial children also experienced many disparities.

Minority children experience multiple disparities in medical and oral health, access to care, and use of services. Certain disparities are particularly marked for specific racial/ethnic groups, and multiracial children experience many disparities."]

Full text at: http://pediatrics.aappublications.org/cgi/reprint/121/2/e286

HOMELESSNESS

"Jail Incarceration, Homelessness, and Mental Health: A National Study." By Greg A. Greenberg and Robert A. Rosenheck, Yale University. IN: Psychiatric Services, vol. 59, no. 2 (February 2008) pp. 170-177.

["This study sought to investigate the rates and correlates of homelessness, especially mental illness, among adult jail inmates. Data from a national survey of jail inmates (N=6,953) were used to compare the proportion of jail inmates who had been homeless in the previous year with the proportion of persons in the general population who had been homeless in the previous year, after standardization to the age, race and ethnicity, and gender distribution of the jail sample. Logistic regression was then used to examine the extent to which homelessness among jail inmates was associated with factors such as symptoms or treatment of mental illness, previous criminal justice involvement, specific recent crimes, and demographic characteristics. Inmates who had been homeless (that is, those who reported an episode of homelessness anytime in the year before incarceration) made up 15.3% of the U.S. jail population, or 7.5 to 11.3 times the standardized estimate of 1.36% to 2.03% in the general U.S. adult population. In comparison with other inmates, those who had been homeless were more likely to be currently incarcerated for a property crime, but they were also more likely to have past criminal justice system involvement for both nonviolent and violent offenses, to have mental health and substance abuse problems, to be less educated, and to be unemployed. Recent homelessness was 7.5 to 11.3 times more common among jail inmates than in the general population. Homelessness and incarceration appear to increase the risk of each other, and these factors seem to be mediated by mental illness and substance abuse, as well as by disadvantageous sociodemographic characteristics." **Note: Copy of article obtained from CA State Library**]

Full text at: http://ps.psychiatryonline.org/cgi/content/abstract/59/2/170

"Social Justice, Respect, and Meaning-Making: Keys to Working with the Homeless Elderly Population." By Rebecca Proehl, St. Mary's College of California. IN: Health and Social Work, vol. 32, no. 4 (November 2007) pp. 301-307.

["The article discusses the issue of mental illness and substance abuse in older people and the lack of programs available in the United States that offer treatment to such individuals, particularly those who are also homeless. The author describes the increasing

issue of homelessness among the elderly and the adjoining issues of mental illness and substance abuse that are also frequently involved. The author also describes a nonprofit community outreach facility in California that specifically works to bring relief to this population of citizens."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=28087578&site=ehost-live

IMMIGRANTS AND MENTAL HEALTH

"Prevalence of Mental Illness in Immigrant and Non-Immigrant U. S. Latino Groups." By Margarita Alegria, Harvard University Medical School, and others. IN: American Journal of Psychiatry (February 1, 2008) pp. 1-10.

["Although widely reported among Latino populations, contradictory evidence exists regarding the generalizability of the immigrant paradox, i.e., that foreign nativity protects against psychiatric disorders. The authors examined whether this paradox applies to all Latino groups by comparing estimates of lifetime psychiatric disorders among immigrant Latino subjects, U.S-born Latino subjects, and non-Latino white subjects. The authors combined and examined data from the National Latino and Asian American Study and the National Comorbidity Survey Replication, two of the largest nationally representative samples of psychiatric information.

In the aggregate, risk of most psychiatric disorders was lower for Latino subjects than for non-Latino white subjects. Consistent with the immigrant paradox, U.S.-born Latino subjects reported higher rates for most psychiatric disorders than Latino immigrants. However, rates varied when data were stratified by nativity and disorder and adjusted for demographic and socioeconomic differences across groups. The immigrant paradox consistently held for Mexican subjects across mood, anxiety, and substance disorders, while it was only evident among Cuban and other Latino subjects for substance disorders. No differences were found in lifetime prevalence rates between migrant and U.S.-born Puerto Rican subjects.

Caution should be exercised in generalizing the immigrant paradox to all Latino groups and for all psychiatric disorders. Aggregating Latino subjects into a single group masks significant variability in lifetime risk of psychiatric disorders, with some subgroups, such as Puerto Rican subjects, suffering from psychiatric disorders at rates comparable to non-Latino white subjects. Our findings thus suggest that immigrants benefit from a protective context in their country of origin, possibly inoculating them against risk for substance disorders, particularly if they immigrated to the United States as adults."]

Full text at: http://ajp.psychiatryonline.org/cgi/reprint/appi.ajp.2007.07040704v1

MENTAL HEALTH POLICIES AND PROCEDURES

"Is It Worth Investing in Mental Health Promotion and Prevention of Mental Illness? A Systematic of the Evidence from Economic Evaluations." By Ingrid Zechmeister, Ludwig Blotzmann Institute, Vienna, Austria and others. IN: BMC Public Health, vol. 8 (January 22, 2008) pp. 1-33.

["While evidence on the cost of mental illness is growing, little is known about the cost-effectiveness of programmes in the areas of mental health promotion (MHP) and mental disorder prevention (MDP). The paper aims at identifying and assessing economic evaluations in both these areas to support evidence based prioritisation of resource allocation….

Conclusions were that prioritisation between MHP and MDP interventions requires more country and population-specific economic evaluations. There is also scope to retrospectively add economic analyses to existing effectiveness studies. The nature of promotion and prevention suggests that innovative approaches to economic evaluation that augment this with information on the challenges of implementation and uptake of interventions need further development."]

Full text at: http://www.biomedcentral.com/content/pdf/1471-2458-8-20.pdf

Reducing Health Care Costs through Prevention: Working Document. By Larry Cohen and others, the Prevention Institute and Barbara Masters and Robert Phillips, the California Endowment. (The Endowment, Los Angeles, California) August 2007. 34 p.

["The current health care reform debate in California is driven in large part by fundamental concerns about ever-growing, unsustainable costs. Immediate cost-containment efforts are necessary, but they alone will not solve the long-term problem—more lasting changes are needed. Investment in primary prevention has the potential to be part of an enduring solution for improved health and health care.

Primary prevention is a systematic process that promotes healthy environments and behaviors before the onset of symptoms, thus reducing the likelihood of an illness, condition, or injury occurring. Health and rates of chronic disease are influenced by factors such as toxins in the air, water, and soil; access to healthy foods, parks, and recreational facilities; and the walkability and safety of neighborhoods. Certainly, preventive services, such as screening and disease management, that address populations at-risk and those that already have illness are important and should be part of a high-functioning health system. However, primary prevention—with an emphasis on improving the environments where Californians live, work, play, and go to school—is the prescription for reducing the health care system's burden and thereby reducing the costs associated with paying to treat preventable conditions."]

Full text at:
http://www.calendow.org/uploadedFiles/Publications/By_Topic/Disparities/General/HE_HealthCareReformPolicyDraft_091507.pdf

OTHER MENTAL HEALTH ISSUES

Mental Health Patterns and Consequences: Results from Survey Data in Five Developing Countries. By Jishnu Das and others, The World Bank Development Research Group. Policy Research Working Paper No. 4495. (The Bank, Washington, DC) January 2008. 29 p.

["The social and economic consequences of poor mental health in the developing world are presumed to be significant, yet are largely under-researched. The authors argue that mental health modules can be meaningfully added to multi-purpose household surveys in developing countries, and used to investigate this relationship. Data from nationally representative surveys in Bosnia and Herzegovina, Indonesia, and Mexico, along with special surveys from India and Tonga, show similar patterns of association between mental health and socioeconomic characteristics across countries. Individuals who are older, female, widowed, and report poor physical health are more likely to report worse mental health outcomes. Individuals living with others with poor mental health are also significantly more likely to report worse mental health themselves. In contrast, there is little observed relationship between mental health and poverty or education, common measures of socio-economic status. The results instead suggest that economic and multi-dimensional shocks such as illness or crisis can have a greater impact on mental health than overall levels of poverty….Finally; the paper discusses how measures of mental health are distinct from general subjective welfare measures such as happiness and indicate useful directions of future research."]

Full text at:
http://www-wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2008/02/05/000158349_20080205131301/Rendered/PDF/wps4495.pdf

"Social Geography and Rural Mental Health Research." By C.P.Boyd, University of Ballarat, and Hester Parr, University of Dundee. IN: Rural and Remote: The International Electronic Journal of Rural and Remote Health Research, no. 804 (January 2008) pp. 1-4.

["The study of mental health in the rural context has moved beyond simple notions of what defines rurality. Researchers in the field of rural mental health have realized that what constitutes 'rural' - in terms of its impact on the mental health and wellbeing of rural residents - entails more than physical geography and spatial localities. They have expressed the need to progress the agenda for rural mental health research beyond simple rural-urban comparisons in the prevalence of mental health problems. In so doing, these researchers have pointed to the apparent emphasis on socio-demographic factors in the

rural mental health literature as a weakness, and have argued that further research on psychological, attitudinal or contextual factors is warranted.

Ironically though, rural mental health researchers in pursuit of this broader research agenda have failed to appreciate that geography as an academic discipline is concerned with more than just the physical features of places. This article will assert that the answers to fundamental questions in rural mental health research lie in the branch of geography known as social geography, the subject matter of which many rural mental health researchers are currently unaware. The purpose of this editorial is to introduce readers of *Rural and Remote Health* to the pertinent theory and findings from three main areas of social geographic research: (i) rural geography; (ii) mental health geography; and (iii) the social geographies of caring - each with the potential to inform recent research efforts in rural mental health. We conclude that rural mental health researchers would benefit from embracing what social geography has to offer."]

Full text at: http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=804

PRIMARY CARE

"Primary Care after Psychiatric Crisis: A Qualitative Analysis." By Kim S. Griswold, State University of New York at Buffalo, and others. IN: Annals of Family Medicine, vol. 6, no. 1 (January/February 2008) pp. 38-43.

["Patients with serious psychiatric problems experience difficulty accessing primary care. The goals of this study were to assess whether care managers improved access and to understand patients' experiences with health care after a psychiatric crisis.

A total of 175 consecutive patients seeking care in a psychiatric emergency department were randomly assigned to an intervention group with care managers or a control group. Brief, semistructured interviews about health care encounters were conducted at baseline and 1 year later. Five raters, using the content-driven, immersion-crystallization approach, analyzed 112 baseline and year-end interviews from 28 participants in each group. The main outcomes were patients' responses about their care experiences, connections with primary care, and integration of medical and mental health care. Scores for physical function and mental function were compared by analysis of variance (ANOVA).

At baseline, most participants described negative experiences in receiving care and emphasized the importance of listening, sensitivity, and respect. Fully 71% of patients in the intervention group said that having a care manager to assist them with primary care connections was beneficial. Patients in the intervention group had significantly better physical and mental function than their counterparts in the control group at 6 months (P = .03 for each) but not at 12 months. There was also a trend toward functional improvement over the course of the study in the intervention group.

This analysis suggests that care management is effective in helping patients access primary care after a psychiatric crisis. It provides evidence on and insight into how care may be delivered more effectively for this population. Future work should assess the sustainability of care connections and longer-term patient health outcomes."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=28400002&site=ehost-live

SUICIDE PREVENTION

"Attitudes toward Suicide among Chinese People in Hong Kong." By Sing Lee, Chinese University of Hong Kong, and others. IN: Suicide & Life Threatening Behavior, vol. 37, no. 5 (October 2007) pp. 565-575.

["Since suicide in Chinese people exhibits certain distinctive characteristics, it is important to develop indigenous measures to assess Chinese attitudes toward suicide that may be used to inform suicide reduction programs. Combining qualitative and quantitative methods, we developed a Hong Kong version of the Chinese Attitude toward Suicide Questionnaire (CASQ-HK) which assesses attitudes toward suicide, suicidal inclination under 12 hypothetical scenarios, and prior suicidal experience. A convenience sample of 1,226 people completed the self-report questionnaire. In keeping with Chinese tradition, respondents revealed both tolerant and condemning attitudes that varied with their sociodemographic characteristics. Generally, they were not strongly inclined to consider suicide in the presence of difficult scenarios. Female gender, older age, and the presence of suicidal ideation were associated with more contemplation of suicide."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27359054&site=ehost-live

"Constructing a Social Problem: Suicide, Acculturation, and the Hmong." By Paul Jesilow and Xiong Machiline, University of California, Irvine. IN: Hmong Studies Journal, vol. 8 (2007) pp. 1-43.

["Between September 1998 and May 2001, eight Hmong teenagers took their own lives in one urban community. Newspaper accounts attempted to establish the suicides as an outgrowth of problems brought about by the Hmong immigration to the United States. In particular, the clash between the Hmong and American cultures was fingered as the cause of the suicides. Other explanations were ignored. The teenage Hmong suicides were depicted as a problem that needed addressing and identified the school district and mental health facilities as the appropriate institutions to deal with the problem. In-depth interviews were conducted with individuals either directly familiar with the events or positioned to provide the best information and overview on the issue. We conclude that the emphasis for the suicides was strongly associated with the Hmong's status as immigrants in order to convince the Hmong that they needed to acculturate, in particular

to accept and utilize mental health facilities. We illustrate that suicide can be a point of opportunity for those seeking to increase a group's level of attachment to society."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=28601735&site=ehost-live

"Hispanic Female Adolescents' Use of Illicit Drugs and the Risk of Suicidal Thoughts." By Cecily Luncheon, University of North Texas Health Science Center, and others. IN: American Journal of Health Behavior, vol. 32, no. 1 (January/February 2008) pp. 52-59.

["Objectives: To examine the association between female adolescents in high school who use illicit drugs and seriously consider attempting suicide. Methods: Data were analyzed from the 2003 Youth Risk Behavioral Surveillance System. Variables for suicidal thought, illicit drugs, and covariables were chosen to explore the association. Results: Seriously considering attempting suicide was associated with Hispanics, suburban youth, use of marijuana, inhalants, methamphetamines, and steroids without MD's prescription. Conclusions: Greater effort may be necessary to raise awareness about the physical and mental health status of Hispanic adolescents and to ensure good mental health programs are available."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=28321441&site=ehost-live

"Population Size and Suicide in US Cities: A Static and Dynamic Exploration." By Patricia L. McCall and Charles R. Tittle, North Carolina State University. IN: Suicide & Life Threatening Behavior, vol. 37, no. 5 (October 2007) pp.553-564.

["The relationship between city population size and suicide rates rarely has been examined directly, though scholars often assume such a relationship exists based on studies of the association between suicide rates and urbanization (percent of the population living in cities) in various social contexts. In an effort to determine the basic association between suicide rates and city population size, we analyze data for four time points, 1960, 1970, 1980, and 1990, using a random sample of U.S. cities with 10,000 or more population in 1960. In addition, we conduct a time series analysis of change in population size and change in suicide rates over a two decade period. Results indicate that an association between population and suicide is atypical, and even when observed is highly sensitive to methodological specifications. The results call into question the notion that larger city population size is conducive to suicide as well as the assumption that studies of suicide and urbanization can substitute for studies of suicide and city population size."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=27359053&site=ehost-live